

2340

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

State File No. 96

Place of Birth* Miami
City

Gila

County

Local Registrar's No.*

SEX OF CHILD*	DATE OF BIRTH*		
Female	Nov.	23	1912
	(Month)	(Day)	(Year)

FULL*
MAIDEN
NAME

FATHER

Fred Bontempo

MOTHER

Katherine Caretto

I HEREBY CERTIFY that the child described
herein has been named

ADELAIDE

(First)

MARCELLINE

(Middle)

BONTEMPO

(Last)

Katherine Caretto Bontempo
(Parent's Signature) (Mother)Date July 11 1952
(Month) (Day) (Year)

*These items to be entered by the local registrar before giving out this form.

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